

Office Use Only
 Date _____
 New Team _____
 Returning Team _____
 Check _____ Cash _____

MURRAY PARKS & RECREATION TEAM ROSTER

Mailing Address:
 PO Box 57520
 Murray, UT 84157-0520
 Phone (801) 264-2614
 Fax (801) 264-2607



PARKS &
RECREATION

Program _____

Team Name _____ Home Phone _____ Work Phone _____

Team Manager _____ Email Address _____

Address _____ City & Zipcode _____

	Name	Address	City	Zip Code	Birthdate	Grade	Parent/Guardian Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

If a participant is under 18 years of age, a parent or legal guardian must sign the roster.

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which my child may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, liability release, and consent to treat form and agree to all of their terms and conditions.

TEAM MANAGER'S AGREEMENT

As Team Manager, I understand that the information listed above is accurate to the best of my ability. I realize that my team or player(s) can be removed from participation for falsifying the roster or information needed on this form.

Signature _____

Date _____

